REFERENCE: 14050 EFFECTIVE: 11/15/99 REVIEW: 11/01/01

Page 1 of 2

# DOWN LICENSING/CLOSURE, LICENSURE CHANGES 9-1-1 RECEIVING HOSPITALS

### **PURPOSE**

To establish a policy and procedure for 9-1-1 receiving hospitals to down-license or close emergency departments or identified specialized services and provide a mechanism for ICEMA to evaluate and report on the potential impact on the EMS system within the region.

### **AUTHORITY**

California Code of Regulations 70105(a), 70107(a), 70107(a)(12), 70351(a), 70351(b)(1), 70701(a)(4), Health & Safety Code Section 10017(d), Section 1300.

### **PRINCIPLES**

- Hospitals with a basic or comprehensive emergency department permit provide a unique service and an
  important link to the community in which they are located. In certain instances, the withdrawal or reduction
  of these services may have a profound impact on the emergency medical services available in their area and to
  the community at large.
- 2. Every effort should be made to ensure that emergency medical services considered essential be continued until emergency care can be provided by other facilities or until prehospital care providers can adjust deployment of resources to accommodate anticipated needs.
- 3. The Emergency Medical Services Agency (ICEMA) should have sufficient time and opportunity to examine the impact that down-licensing or closure of an emergency department will have on a community before any changes are finalized. Such an examination shall be referred to as an EMS Impact Evaluation.
- 4. Hospitals can be prioritized utilizing objective criteria, referred to as the EMS Impact Evaluation Rating Instrument, to determine the relative level of essential value a hospital has within the system. This rating can be used to ascertain whether ICEMA will request the Licensing and certification Division, operating as agents of the State Department of Health Services, to delay approval of a request to down license or to close an emergency department or the specialized services outlined in Principle No. 3.

## **PROCEDURE**

- 1. Hospital shall submit an application to the Licensing and Certification Division of the State Department of Health Services for approval prior to down licensing or closing its emergency department or one of the specialized services outlined in Principle No. 3.
- 2. The Licensing and Certification Division shall contact ICEMA in writing within five working days to request an EMS Impact Evaluation.
- 3. ICEMA shall notify all appropriate health care providers by mail of proposed down-licensing/closure, or licensure changes.
- 4. ICEMA, in consultation with appropriate health care providers, shall complete an EMS Impact Evaluation and respond to the Licensing and Certification Division within 25 calendar days of receipt of the request as follows:
  - a. If ICEMA determines that additional time is needed to allow for EMS system reconfiguration or planning to occur in order to accommodate the license change requested by the hospital, a written request for up to an additional 60-calendar-day delay in responding to the hospital's application may be requested by ICEMA and shall be considered by Licensing and Certification.

Page 2 of 2

- b. If ICEMA determines that approval of the application would have either no impact or a negligible impact on the EMS system, a written statement to that effect shall be submitted.
- 5. Upon receipt of the written response from ICEMA pursuant to 3b or at the closure of the 60-calendar-day delay requested pursuant to 3a, the Licensing and Certification Division shall notify hospital, in writing, that its application is approved, provided that all other appropriate licensing requirements are met.
- 6. If ICEMA determines that the down-licensing or closure of a hospital emergency department or the closing of obstetrical, neurosurgical, burn services, or neonatal intensive care units will significantly impact the EMS system, ICEMA shall establish the reason or reasons a hospital has applied to do so and shall attempt to determine whether any system changes may be implemented to either maintain the hospital service within the system or develop strategies for accommodating the loss of the emergency department, or other identified specialized service to the system.
- 7. If at any time Licensing and Certification issues an approval of closure, down license, or service reduction prior to ICEMA completing its EMS system re-engineering, prior notification shall be provided to ICEMA.